

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/801815

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		1		1		
4		2		2		
5		3		1		
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TOTAL IND.	1		1			
TOTAL DEP.	8		9			
TOTAL CLAIMS	7		10			
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